

Day Care, Head Start and Preschool School/Facility Annual Immunization Survey Worksheet



County:School/Facility Name:																
Certificate Information								Vaccine Specific Information								
Child ID#	Date of Birth (MM/DD/YY)	Certificate Expiration Date (MM/DD/YY)	Current/ Provisional Certificate	Medical Exemption	Religious Exemption	No Certificate on File	DTaP/ DTP/DT	Polio	Hib # of doses on record	Hepatitis B	PCV # of doses on record			# of doses on record		
							# of doses on record	# of doses on record								
												19-47 nonths	48+ months	19-47 months	48+ month	
Child 1	7/24/11	8/7/14					4	3	1	2	3	$(\overline{\ })$	X	()	X	
Child 2	6/22/09	7/6/12													X	
Child 3	9/18/08	10/2/	Date of Birth is a critical element this year in that we are only going to be assessing children whose birthdays fall between August 1, 2008 to December 31, 2011. Please use the following													
Child 4	4/2/10	4/16	dates to determine which age group a child falls into. Children born between:										X	1	X	
Child 5	2/27/10	3/13	August 1, 2009December 31, 2011 are in the 19-47 month age group August 1, 2008July 31, 2009 are in the 48+ month age group MMR and Varicella have been broken down into two separate age groups. Please make sure to record the number of vaccinations for a particular child on the worksheet according to the age, either 19-47 months or 48+ months, determining this from the guide above. Then, place a large X													
Child 6	5/3/08	5/17.														
Child 7	9/12/08	Dł														
Child 8	1/9/11	Dł	in the column of the age group you are not reporting for the child. FOR EXAMPLE (see above) Child 1 date of birth is 7/24/2011, making him 24 months at the end of July 2012. He is only required to have 1 MMR and 1 Varicella, which are marked and circled in the 19-47 months columns for each vaccine respectfully. A large X has been placed in the 48+ cells in his row as he did not meet the reporting age requirement. He is current and up-to-date according to ACIP guidelines for his age group.												X	
Child 9	12/16/08	12/30													2	
Child 10	11/7/08	11/21														
Totals			**SUGGESTION** It may be easier to report 19-47 months first, then 48+ months instead of								4	3	2	3	2	

Each number represents the number of doses on the child's record for a particular vaccine. The circled numbers indicate that the child has received a particular count of doses appropriate for each vaccine (i.e., a completed DTaP vaccine series is 4 or more doses. Therefore, if the child has received 4 or more doses of DTaP, then circle those doses in the DTaP column). Count the number of circles in each column, and enter it into the row labeled 'Totals (Number of circles). Enter these totals onto the School/Facility Annual Immunization Survey.